



## Improving Resident and Fellow Engagement in Patient Safety Through a Graduate Medical Education Incentive Program

Turner DA, Bae J, Cheely, G, Milne J, Owens TA, Kuhn CM. Improving Resident and Fellow Engagement in Patient Safety Through a Graduate Medical Education Incentive Program. JGME 2018;10(6):671-675

The ACGME's CLER protocol has found that nationally, residents and fellows rarely report patient safety events through their institution's event reporting system. This was true for Duke University Hospital, where less than 0.5% of safety event reports used to come from residents & fellows. To increase trainee participation, they deployed a new reporting system with a mandatory educational module, added a prominent link to the system in their RMS, and established a GME incentive program. Trainees received a monthly email listing the number of safety reports submitted by their program. If a program hit the target of 2 reports per trainee per academic year, every trainee in that program received \$200. After implementation of this program, the proportion of safety event reports coming from trainees jumped to 7% ( $p < 0.0001$ ) and 46% of trainees had filed at least 1 report. 516 residents received \$200 each. This improvement was sustained for the 2 subsequent academic years. It was also noted that trainee reports fell into categories different than reports by other personnel, indicating that perhaps new safety vulnerabilities were being identified. No link between quality and reporting frequency was investigated. Funding was provided by the institution, and an ROI analysis was not conducted.

- (Nikhil Goyal)

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# Quarterly Medical Education UPdate

## Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education

Cutrer WB, Miller B, Pusic M et al. Fostering the Development of Master Adaptive Learners: A Conceptual Model to Guide Skill Acquisition in Medical Education. *Academic Medicine* 2017;92:70-75

Health care delivery changes rapidly, creating a knowledge and skills gap in the workplace. To minimize or eliminate this gap, clinicians need adaptive expertise and the ability to problem solve. Adaptive expertise seeks to balance the efficiency of routine expertise with more effortful learning and innovative problem solving. This requires that learners are prepared for future learning in order to become a Master Adaptive Learner (MAL). The authors propose a 4-phase integrated process that MALs would use to learn in practice: Planning, Learning, Assessing, and Adjusting. This article describes these 4 phases in detail, complete with examples and suggestions. The authors also point out the critical thinking and reflection are necessary throughout the MAL process, regardless of the phase one is in. The conceptual model provided serves to help medical students and residents develop the skills to become MALs.

- (Anne Messman)

## Adapting Feedback to Individual Residents: An Examination of Preceptor Challenges and Approaches

Roze des Ordons A, Cheng A, Gaudet J, Downer J, Lockyer J. Adapting Feedback to Individual Residents: An Examination of Preceptor Challenges. *JGME* 2018; 10 (2): 168-175.

Effective feedback is essential to the growth and development of residents throughout their training. Further, tailoring feedback to the individual resident is essential in their development, as one single approach is not the most effective for every individual learner. This study sought to explore challenges that preceptors encounter with their learners, and to identify how to best individualize feedback to these specific learner types. This study focused on the following four scenarios: the highly performing resident (skill), the resident with insight gaps (insight), the overly confident resident (receptivity), and the emotionally distressed resident (emotion). Data was gathered from feedback conversations between the resident and preceptor as well as a debriefing session between the preceptor and a facilitator. It was found that different strategies of feedback were effective for each type of scenario. In the case of the highly performing resident, a coaching model was effective in which the preceptor encouraged recognition of the resident's strengths and reflection on further refinement of skills. In the case of the resident with lack of insight, the preceptor was most effective in a more directive mode, addressing major gaps directly and working with the resident on strategies to mitigate those gaps in the future. Of note, self-reflection was not effective and the preceptors had to point out the gaps for the resident in order to move forward. For residents who were overly confident, the most effective strategy was mediating the resident's own self-perception with the experience of the patient in order to transition away from defensiveness to reflection. And finally, for the emotionally distressed resident, the preceptor should take on a mentoring role in helping the resident identify ways to handle personal issues and leave critique of performance for a later date. The paper summarizes various strategies for coaching, directing, mediating, and mentoring which may be helpful for faculty development in order to optimize preceptor feedback in difficult scenario.

- (Rebecca Bavolek)



## Quarterly Medical Education UPdate

### Do Gold Humanism Honor Society Inductees Differ From Their Peers in Empathy, Patient Centeredness, Tolerance of Ambiguity, Coping Style and Perception of Learning Environment?

Gaufberg, E, Dunham L, Krupat E, Stansfield B, Christianson C, Skochelak S. *Teaching and Learning in Medicine*, 30:3, 284-293

Every year resident selection committees across the country spend countless hours trying to find successful potential residents. In areas other than content knowledge it can often be difficult to find markers of excellence. Induction into the Gold Humanism Honor Society (GHHS) is often used as a marker of excellence in many domains that are difficult to evaluate. However, there is limited evidence showing that GHHS induction correlates with desired traits. In this study the authors used the Learning Environment Study data set to compare GHHS inductees to non-GHHS peers on measures of: empathy, patient-centeredness, tolerance of ambiguity, ways of coping and perceptions of the learning environment. They sought to determine what attitudes correlate with GHHS induction and to what extent these attributes are fixed prior to medical school. They found GHHS induction was associated with higher levels of: empathy, increased patient-centeredness, a positive perception of the learning environment, more active coping skills and a higher tolerance for ambiguity. Empathy and patient centeredness fluctuated during training, but GHHS inductees consistently scored higher than their peers at each point in training. The take-home message is that GHHS status does seem to be a marker for patient centeredness and empathy. Somewhat surprisingly it is also correlated with measures of resilience.

- (Aaron Danielson)

### Parental leave policies in graduate medical education: A systematic review

Humphries LS, Lyon S, Garza R, Butz DR, Lemelman B, Park JE. *Am J Surg*. 2017Oct;214(4):634-639.

Due to a combination of factors, including increasing emphasis on wellness, greater proportions of females in medicine, and recent national conversations about gender issues in the workforce, more attention has been paid to parental leave policies in GME. Though the ACGME requires programs to have policies in place, no other directives or guidance are supplied. Programs must design policies that satisfy specialty specific and legal guidelines. The authors of this article attempted a systematic review of parental leave policies in GME; due to the heterogeneity, content themes were also reviewed. 28 articles addressing parental leave policies in GME were found representing various specialties. Common themes included policy existence, length of leave, impact of leave, and attitudes towards parental leave. The authors found the existence of formal parental leave policies varied greatly across institutions and specialties but has increased over time. Most addressed maternity leave vs paternity leave. Support for formal policies was apparent among both faculty and trainees. However, unfortunately, negative attitudes towards parenthood in residency persist despite evidence that residency performance does not suffer. Parental leave policies are an important issue for both male and female residents alike and should encompass non-traditional families as well. As wellness and work-life balance have become more of a focus for GME, this is certainly an important topic to address. For EM to continue to attract diverse residents with various backgrounds, it is imperative as a specialty to support trainees and insist on reasonable family leave policies for residents.

- (Amy Stubbs)

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